

**Political Organization
Report of Contributions and Expenditures**

OMB No. 1545-1696

► See separate instructions.

A For the period beginning 01/01/2011 **and ending** 06/30/2011

B Check applicable box: ☒ Initial report ☐ Change of address ☐ Amended report ☐ Final report

1 Name of organization Last Chance for Patient Choice **Employer identification number** 05 - 0628214

2 Mailing address (P.O. box or number, street, and room or suite number)
P.O.Box 2817

City or town, state, and ZIP code
Waterloo, IA 50704

3 E-mail address of organization: Eric.Brodahl@vgm.com **4 Date organization was formed:** 10/17/2005

5a Name of custodian of records Michael Mallaro **5b Custodian's address** PO Box 2817
Waterloo, IA 50704

6a Name of contact person John Gallagher **6b Contact person's address** PO Box 2817
Waterloo, IA 50704

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
1111 W. San Marnan Dr.
City or town, state, and ZIP code
Waterloo, IA 50704

8 Type of report (check only one box)

- | | |
|--|---|
| <input type="checkbox"/> First quarterly report
(due by April 15) | <input type="checkbox"/> Monthly report for the month of:
(due by the 20th day following the month shown above, except the
December report, which is due by January 31) |
| <input type="checkbox"/> Second quarterly report
(due by July 15) | <input type="checkbox"/> Pre-election report (due by the 12th or 15th day before the election) |
| <input type="checkbox"/> Third quarterly report
(due by October 15) | (1) Type of election: |
| <input type="checkbox"/> Year-end report
(due by January 31) | (2) Date of election: |
| <input checked="" type="checkbox"/> Mid-year report (Non-election
year only-due by July 31) | (3) For the state of: |
| | <input type="checkbox"/> Post-general election report (due by the 30th day after general election) |
| | (1) Date of election: |
| | (2) For the state of: |

9 Total amount of reported contributions (total from all attached Schedules A).....9. \$ 204310

10 Total amount of reported expenditures (total from all attached Schedules B).....10. \$ 183790

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Mike Mallaro

06/30/2011

**Sign
Here**

Signature of authorized official

Date

Schedule A **Itemized Contributions**

Schedule A

Contributor's name, mailing address and ZIP code Michigan Medical 11906 Farmington Rd Livonia, MI 48150	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 402	Amount of contribution \$ 134 Date of contribution 02/04/2011
Contributor's name, mailing address and ZIP code Michigan Medical 11906 Farmington Rd Livonia, MI 48150	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 402	Amount of contribution \$ 67 Date of contribution 04/26/2011
Contributor's name, mailing address and ZIP code Michigan Medical 11906 Farmington Rd Livonia, MI 48150	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 402	Amount of contribution \$ 67 Date of contribution 04/26/2011
Contributor's name, mailing address and ZIP code Michigan Medical 11906 Farmington Rd Livonia, MI 48150	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 402	Amount of contribution \$ 67 Date of contribution 06/24/2011
Contributor's name, mailing address and ZIP code Michigan Medical 11906 Farmington Rd Livonia, MI 48150	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 402	Amount of contribution \$ 67 Date of contribution 06/24/2011
Contributor's name, mailing address and ZIP code Rocky Mountain Medical Equipment Inc PO Box 1337 Englewood, CO 80150	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 225	Amount of contribution \$ 15 Date of contribution 02/04/2011
Contributor's name, mailing address and ZIP code Rocky Mountain Medical Equipment Inc PO Box 1337 Englewood, CO 80150	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 225	Amount of contribution \$ 15 Date of contribution 02/04/2011
Contributor's name, mailing address and ZIP code Rocky Mountain Medical Equipment Inc PO Box 1337 Englewood, CO 80150	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 225	Amount of contribution \$ 15 Date of contribution 02/04/2011
Contributor's name, mailing address and ZIP code Rocky Mountain Medical Equipment Inc PO Box 1337 Englewood, CO 80150	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 225	Amount of contribution \$ 15 Date of contribution 03/30/2011
Contributor's name, mailing address and ZIP code Rocky Mountain Medical Equipment Inc PO Box 1337 Englewood, CO 80150	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 225	Amount of contribution \$ 15 Date of contribution 03/30/2011

Contributor's name, mailing address and ZIP code Rocky Mountain Medical Equipment Inc PO Box 1337 Englewood, CO 80150	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 225	Amount of contribution \$ 15 Date of contribution 03/30/2011
Contributor's name, mailing address and ZIP code Rocky Mountain Medical Equipment Inc PO Box 1337 Englewood, CO 80150	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 225	Amount of contribution \$ 15 Date of contribution 04/26/2011
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Contributor's name, mailing address and ZIP code Rocky Mountain Medical Equipment Inc PO Box 1337 Englewood, CO 80150	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 225	Amount of contribution \$ 15 Date of contribution 05/04/2011
Contributor's name, mailing address and ZIP code Rocky Mountain Medical Equipment Inc PO Box 1337 Englewood, CO 80150	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 225	Amount of contribution \$ 15 Date of contribution 05/04/2011
Contributor's name, mailing address and ZIP code Rocky Mountain Medical Equipment Inc PO Box 1337 Englewood, CO 80150	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 225	Amount of contribution \$ 15 Date of contribution 06/24/2011
Contributor's name, mailing address and ZIP code Rocky Mountain Medical Equipment Inc PO Box 1337 Englewood, CO 80150	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 225	Amount of contribution \$ 15 Date of contribution 06/24/2011
Contributor's name, mailing address and ZIP code Rocky Mountain Medical Equipment Inc PO Box 1337 Englewood, CO 80150	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 225	Amount of contribution \$ 15 Date of contribution 06/24/2011

Contributor's name, mailing address and ZIP code Withheld PO Box 2817 Waterloo, IA 50704	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 43683	Amount of contribution \$ 43683 Date of contribution 06/30/2011
Contributor's name, mailing address and ZIP code VGM Group PO Box 2817 Waterloo, IA 50704	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 130000	Amount of contribution \$ 30000 Date of contribution 01/09/2011
Contributor's name, mailing address and ZIP code VGM Group PO Box 2817 Waterloo, IA 50704	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 130000	Amount of contribution \$ 50000 Date of contribution 02/28/2011
Contributor's name, mailing address and ZIP code VGM Group PO Box 2817 Waterloo, IA 50704	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 130000	Amount of contribution \$ 50000 Date of contribution 04/29/2011
Contributor's name, mailing address and ZIP code Brightree LLC 1735 North Brown Road, Suite 500 Lawrenceville, GA 30043	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 20000	Amount of contribution \$ 10000 Date of contribution 05/31/2011
Contributor's name, mailing address and ZIP code Invacare Corporation One Invacare Way Elyria, OH 44036	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 10000	Amount of contribution \$ 10000 Date of contribution 05/31/2011
Contributor's name, mailing address and ZIP code Brightree LLC 1735 North Brown Road, Suite 500 Lawrenceville, GA 30043	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 20000	Amount of contribution \$ 10000 Date of contribution 06/27/2011

Schedule B **Itemized Expenditures**

Schedule B

Recipient's name, mailing address and ZIP codeCenter for Regulatory Effectiveness
1601 Connecticut Ave NW STE 500
Washington, DC 20009**Name of recipient's employer**

N/A

Recipients's occupation

N/A

Amount of Expenditure

\$ 20000

Date of expenditure

02/09/2011

Purpose of expenditure

Consulting Fees

Recipient's name, mailing address and ZIP codeCenter for Regulatory Effectiveness
1601 Connecticut Ave NW STE 500
Washington, DC 20009**Name of recipient's employer**

N/A

Recipients's occupation

N/A

Amount of Expenditure

\$ 20000

Date of expenditure

03/03/2011

Purpose of expenditure

Consulting Fees

Recipient's name, mailing address and ZIP codeBrian J Leitten
3619 Joan Lane
Port Orange, FL 32129**Name of recipient's employer**

N/A

Recipients's occupation

N/A

Amount of Expenditure

\$ 3000

Date of expenditure

03/03/2011

Purpose of expenditure

Consulting Fees

Recipient's name, mailing address and ZIP codeCenter for Regulatory Effectiveness
1601 Connecticut Ave NW STE 500
Washington, DC 20009**Name of recipient's employer**

N/A

Recipients's occupation

N/A

Amount of Expenditure

\$ 20000

Date of expenditure

03/14/2011

Purpose of expenditure

Consulting Fees

Recipient's name, mailing address and ZIP codeCenter for Regulatory Effectiveness
1601 Connecticut Ave NW STE 500
Washington, DC 20009**Name of recipient's employer**

N/A

Recipients's occupation

N/A

Amount of Expenditure

\$ 20000

Date of expenditure

05/01/2011

Purpose of expenditure

Consulting Fees

Recipient's name, mailing address and ZIP codeCenter for Regulatory Effectiveness
1601 Connecticut Ave NW STE 500
Washington, DC 20009**Name of recipient's employer**

N/A

Recipients's occupation

N/A

Amount of Expenditure

\$ 20000

Date of expenditure

05/03/2011

Purpose of expenditure

Consulting Fees

Recipient's name, mailing address and ZIP codeCenter for Regulatory Effectiveness
1601 Connecticut Ave NW STE 500
Washington, DC 20009**Name of recipient's employer**

N/A

Recipients's occupation

N/A

Amount of Expenditure

\$ 20000

Date of expenditure

06/13/2011

Purpose of expenditure

Consulting Fees

Recipient's name, mailing address and ZIP codeCommittee to Save Independent HME Suppliers
PO Box 1070
Halifax, VA 24558**Name of recipient's employer**

N/A

Recipients's occupation

N/A

Amount of Expenditure

\$ 30000

Date of expenditure

01/04/2011

Purpose of expenditure

Political Advocacy

Recipient's name, mailing address and ZIP codeCommittee to Save Independent HME Suppliers
PO Box 1070
Halifax, VA 24558**Name of recipient's employer**

N/A

Recipients's occupation

N/A

Amount of Expenditure

\$ 30000

Date of expenditure

06/01/2011

Purpose of expenditure

Political Advocacy

Recipient's name, mailing address and ZIP code US Bank PO Box 1800 St. Paul, MN 55101	Name of recipient's employer N/A Recipients's occupation N/A	Amount of Expenditure \$ 81 Date of expenditure 01/24/2011
Purpose of expenditure Bank Fees		
Recipient's name, mailing address and ZIP code US Bank PO Box 1800 St. Paul, MN 55101	Name of recipient's employer N/A Recipients's occupation N/A	Amount of Expenditure \$ 84 Date of expenditure 02/17/2011
Purpose of expenditure Bank Fees		
Recipient's name, mailing address and ZIP code US Bank PO Box 1800 St. Paul, MN 55101	Name of recipient's employer N/A Recipients's occupation N/A	Amount of Expenditure \$ 87 Date of expenditure 03/22/2011
Purpose of expenditure Bank Fees		
Recipient's name, mailing address and ZIP code US Bank PO Box 1800 St. Paul, MN 55101	Name of recipient's employer N/A Recipients's occupation N/A	Amount of Expenditure \$ 90 Date of expenditure 04/20/2011
Purpose of expenditure Bank Fees		
Recipient's name, mailing address and ZIP code US Bank PO Box 1800 St. Paul, MN 55101	Name of recipient's employer N/A Recipients's occupation N/A	Amount of Expenditure \$ 89 Date of expenditure 05/20/2011
Purpose of expenditure Bank Fees		
Recipient's name, mailing address and ZIP code US Bank PO Box 1800 St. Paul, MN 55101	Name of recipient's employer N/A Recipients's occupation N/A	Amount of Expenditure \$ 84 Date of expenditure 05/20/2011
Purpose of expenditure Bank Fees		
Recipient's name, mailing address and ZIP code Heaton, Adams and Co. P.C. 333 West Fourth St Waterloo, IA 50701	Name of recipient's employer N/A Recipients's occupation N/A	Amount of Expenditure \$ 275 Date of expenditure 03/06/2011
Purpose of expenditure Professional Fees		